

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/856552**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7	1		1			
8		1		1		
9		2		1		
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TOTAL IND.		1	2	1	2	1
TOTAL DEP.			4		7	
TOTAL CLAIMS		1	6	1	9	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1				
TOTAL DEP.						
TOTAL CLAIMS		1				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY